



Information necessary for the Certificate of Death has been completed for:

Commonwealth of Massachusetts Registry of Vital Records and Statistics γ

DISPOSITION, REMOVAL OR TRANSPORTATION

PERMIT

Form R-309 07012014

WHITMAN, PAUL BRADELY Decedent Name 367 TURNPIKE ROAD, SOUTHBOROUGH, MA Place of Death Date of Death **DECEMBER 08, 2021** Date of Birth AUGUST 08, 1965 MALE 71 SEARS ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 Residence If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) Rank/organization/outfit(most recent) Date entered (most recent) Date Discharged (most recent) Service Number(most recent) Certifier RICHARD J. EVANS, MD Lic # 58622 Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655 Immediate Cause of Death HANGING This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 50277 Funeral Licensee/Designee NANCY G MORRIS Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS Date of Disposition DECEMBER 23, 2021 Disposition Type CREMATION Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605

| 1.4 | AUDI SCINCING | | | | | | | |
|--------|--|----------|----------|---|--|--|--|--|
| PERMIT | Registry of Vital Records and Statistics | | tistics | Board of Health/Agent for: SOUTHBOROUGH | | | | |
| | State Tracking # 061357 | | | Local Permit# | E-PERMIT | | | |
| | Date | DECEMBER | 23, 2021 | Date — | | | | |
| | | | | Name of Agent | _ | | | |
| Z | I hereby certify that the remains were disposed of in accorda | | | ccordance with its | terms at the place and date below: | | | |
| TIO | Place of Disposition (Facility Name and Address) | | | | Signature | | | |
| IRMA | Rural Complety) 80 Crone Surel Vorcester, MA di Bib | | | | x John H. Cobill | | | |
| ONF | Disposition Type Date of Disposition | | | | Name of Superintendent or Authorized Designee: | | | |
| 0 | Cremation | | | 1.00 | John H Cobill | | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

DEC 3 W 7071

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

2022 004649



Form R-309 07012014



Commonwealth of Massachusetts UIHEL Registry of Vital Records and Statistics

OR TRANSPORTATION

State File# DISPOSITION, REMOVAL

FEB 10

n necessary for the Certificate of Death has been completed for:

| ши | mormation necessary for the certainess of 2 and 22 are seen experienced. | | | | | | | | |
|-----------|--|----------------------|--|-------------------------|-------------------|------------------------------|-----------|------------------|--|
| | Decedent Name | DRACHMAN . | JOHN COV | VAN | | | | | |
| | | | ND ROAD, SOUT | THBOROUGH, N | VIA | | | | |
| <u>,</u> | Date of Death | JANUARY 20, | | | , - | JULY 03, 1948 | Sex | MALE | |
| EZ | | | ND ROAD, SOU | THBOROUGH, N | MASSACH | US ETTS 01772 | | | |
| DECEDENT | NO | ecify war/conflict(s |) (most recent) | | lank/or-s | ation/ostfit/mast wast | | | |
| - | Branch of military | y (most recent) | | | unk/organizi — | ation/outfit(most recent) | | | |
| | Date entered(mos | rt recent) | <i>D</i> ₀ | ate Discharged (mo - | st recent) | Service Number(mos | t recent) | | |
| ي | Certifier MICH | AEL S LEVIN, | MD | | | Lic # 42133 | | | |
| FIE | | | REET, NEWTON | I, MASSACHUS | ETTS 0240 | 62 | | | |
| CERTIFIER | Immediate Cause of Death CARDIOPULMONARY ARREST | | | | | | | | |
| Th | is permit author | rizes the followi | ng Funeral Servic | e Licensee or De | signee to re | move, dispose or transpo | | as listed below: | |
| | Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277 | | | | | | | | |
| 10 N | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASS ACHUS ETTS | | | | | | | | |
| SITIO | Disposition Type | | | | | Date of Disposition JA | ANUARY 25 | 5, 2022 | |
| DISPO | Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | | | | | | | |
| ۵ | | | | | | | | | |
| En | dorsements | | | | | | | | |
| r | Registry of Vital | Records and Stat | istics | Board of Healtl | | SOUTHBOROUGH | | | |
| ERMIT | State Tracking # | 004649 | | Local Permit# | E-PERMI | T | | | |
| PER | Date | JANUARY 2 | 5, 2022 | Date — | | | | | |
| | | | | Name of Agent | | | | | |
| z | I hereby certify | that the remains w | ere disposed of in a | ccordance with its | terms at the | place and date below: | | | |
| A T10 | Place of Disposit | ion (Facility Name | and Address) | | Signature | | | | |
| FIRMA | | | Rural Cemetery 180 Grove Street Worcester, MA 01 | 1605 | X | John 74 | . Cobil | e | |
| ONF | Disposition Type | | Date of Disposition | 7 | Name of S | Superintendent or Authorized | | | |
| Š | Crema | | FFR 0 1 | 2022 | | John H | Cobill | | |

Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

RECEIVED SOUTHEGROUGH TOWN CLERK

80152

2022 FEB 10 P 4: 22

Tohn H Cobill

Registry of Vital Records and Statistics State File# 2022 000388 DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT Form R-309 07012014 Information necessary for the Certificate of Death has been completed for: Decedent Name BRADSTREET , BERNARD Place of Death 51 RICHARDS ROAD, SOUTHBOROUGH, MA Date of Death **JANUARY 02, 2022** Date of Birth FEBRUARY 17, 1945 MALE Sex 51 RICHARDS ROAD, SOUTHBOROUGH, MASS ACHUSETTS 01772 Residence If U.S. veteran, specify war/conflict(s) (most recent) VIETNAM Branch of military (most recent) Rank/organization/outfit(most recent) MARINE CORPS CAPT Date entered(most recent) Date Discharged (most recent) Service Number (most recent) JUNE 14, 1967 **JANUARY 03, 1971** 0102662 Certifier CHRISTOPHER FANTA, MD Lic# 45769 Addr. 15 FRANCIS STREET, BOSTON, MASSACHUSEITS 02115 Immediate Cause of Death RESPIRATORY FAILURE This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Funeral Licensee Designee NANCY G MORRIS Lic# 50277 Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETIS DISPOSIT Disposition Type CREMATION Date of Disposition JANUARY 08, 2022 Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASS ACHUSETTS 01605 Endorsements Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH State Tracking # 000388 Local Permit# 000388 PERI Date **JANUARY 05, 2022** JANUARY 06, 2022 Name of Agent JAMES F. HEGARTY I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: CONFIRMATION Place of Disposition (Facility Name and Address) Signature Rural Cemetery 180 Grove Street Worcester, MA 01605 X Disposition Type Date of Disposition Name of Superintendent or Authorized Designee:

Acceptance of Permit

Cremation

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

JAN 1

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



Form R-309 07012014



Commonwealth of Massachusetts S Registry of Vital Records and Statistics DISPOSITION, REMOVALZOZ FEB 10

2022 004699

OR TRANSPORTATION

| Information | necessary for the | Certificate of Death | has been completed for: |
|-------------|-------------------|-----------------------------|-------------------------|
|-------------|-------------------|-----------------------------|-------------------------|

| | Decedent Name | MAIORANA, | JOSEPH P | | | | | | |
|---------|--|---|---------------------------------------|--------------------|--|------------------------------|----------------------|--|--|
| | Place of Death | 12 PARKERVII | LE ROAD, SO | UTHBOROUGH | , MA | | | | |
| Т | Date of Death | JANUARY 22, | 2022 | Da | te of Birth | JANUARY 31, 1986 | Sex | MALE | |
| DENT | Residence 12 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | | | | | |
| ECE | If U.S. veteran, sp NO | f U.S. veteran, specify war/conflict(s) (most recent) NO | | | | | | | |
| D | Branch of milita | ry (most recent) | | 1 | Rank/organi — | ization/outfit(most recent) | | | |
| | Date entered(mo | st recent) | <i>D</i> | ate Discharged (mo | nost recent) Service Number(most recent) — | | | | |
| R | Certifier RICH | ARD J. EVANS, | MD | | | Lic # 58622 | | | |
| ш. | Addr. 55 LAKE | AVENUE N, W | ORCESTER, M | ASS ACHUS ETT | S 01655 | - | - | | |
| CERTIFI | Immediate Cause PENDING | Immediate Cause of Death PENDING | | | | | | | |
| Th | is permit autho | rizes the followi | ng Funeral Servi | ce Licensee or De | signee to r | remove, dispose or transpo | | as listed below: | |
| z | Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277 | | | | | | | | |
| 1110 | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | | | | | | | |
| 0817 | | CREMATION | | | | Date of Disposition JA | ANUARY 2 | 6, 2022 | |
| SP | Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | | | | | | | |
| D I | ACTUAL CAMELLA (CAMELLA), 100 GAO 12 STAMPS, 110 100 CAMELLA (CAMELLA CAMELLA) | | | | | | | | |
| En | dorsements | | | | | | | | |
| _ | Registry of Vita | l Records and Stati | istics | Board of Healtl | ı/Agent for: | : SOUTHBOROUGH | | | |
| MIT | State Tracking # | 004699 | | Local Permit# | E-PERM | TT | | | |
| PER | Date | JANUARY 20 | 6, 2022 | Date | Date — | | | | |
| | | | | Name of Agent | | | | | |
| ON | I hereby certify | that the remains w | ere disposed of in a | ccordance with its | terms at th | e place and date below: | | | |
| Ţ | Place of Disposit | tion (Facility Name | and Address) | | Signatur | re | | | |
| FIRMA | | Rumal Co 180 Gra Wortest | emetery ve Sureet vr, MA v.1606 | | X | John H. | Cobile | | |
| NO | Disposition Type | ſ | Date of Disposition | n | Name of | Superintendent or Authorized | Designee: | | |
| С | Cre | mation | JAN: | 3 1 2022 | | John H Cobill | - المحمد الماسية الم | and the second s | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top





Commonwealth of Massachusetts Registry of Vital Records and Statistics, DISPOSITION, REMOVAL OR TRANSPORTATION

PERMIT

2021 060285

OCME CASE # 2021-17559

Form R-309 07012014

| Inf | ormation necessary for the Certificate of De | ath has been complete | d for: | | | | | |
|-------------|--|---------------------------|-----------------------|-------------------------|---------------|-----------------|--|--|
| | Decedent Name WEEKS , DAVID C | | | | | | | |
| | Place of Death 16 FISHER ROAD, SOUT | HBOROUGH, MA | | | | | | |
| Т | Date of Death DECEMBER 15, 2021 | Da | te of Birth JUN | NE 21, 1936 | Sex | MALE | | |
| DEN | Residence 16 FISHER ROAD, SOUT | • | ACHUSETTS 0 | 1772 | | | | |
| DECEDENT | If U.S. veteran, specify war/conflict(s) (most recent PEACETIME | | | | | | | |
| 1 | Branch of military (most recent) NAVY | 1 | Rank/organization | outfit(most recent) | | | | |
| | Date entered (most recent) | Date Discharged (mo | ost recent) | Service Number(mo | st recent) | | | |
| 2 R | Certifier CHRISTOPHER PERRY, MD | | | Lic # 274670 | | | | |
| FIF | Addr. 720 ALBANY STREET, BOSTON, | MASSACHUSETTS 0 | 2118 | | | | | |
| CERTIFIE | Immediate Cause of Death PENDING | | | | | | | |
| Th | is permit authorizes the following Funeral S | Service Licensee or De | signee to remov | e, dispose or transp | ort remains a | s listed below: | | |
| z | Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277 | | | | | | | |
| 01. | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | | | | | | |
| SIT | Disposition Type BURIAL | | | Date of Disposition D | ECEMBER : | 22, 2021 | | |
| DISPOSITION | Place/Address RURAL CEMETRY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | | | | |
| En | dorsements | | | | | | | |
| | Registry of Vital Records and Statistics | Board of Health | h/Agent for: SOU | THBOROUGH | | | | |
| PERMIT | State Tracking # 060285 | Local Permit# | E-PERMIT | | | | | |
| PER | Date DECEMBER 17, 2021 | Date | | | | | | |
| | | Name of Agent | | | | | | |
| N | I hereby certify that the remains were disposed | of in accordance with its | terms at the plac | e and date below: | | | | |
| TION | Place of Disposition (Facility Name and Address) | | Signature | 4 | | | | |
| MA | NUM CENTERAL 11 CONSTRUCTOR, SWORKSTURE | EN MA | | - 1 1 n | <i>'</i> | | | |
| FIR | Sec. M. GN. 390 | -) | X (? | 1 X.(1) | As Os | | | |
| CONFIRMA | Disposition Type The Date of Disp | | Name of Super | intendent or Authorized | | | | |
| | enen Exist DE. | 22, 2021 | Die | DEXTIL 1 | uner | | | |

Acceptance of Permit

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Form R-309 07012014



Commonwealth of Massachusetts SOUTH Registry of Vital Records and Statistics

State File # DISPOSITION, REMOVAL 1022 JAN -3

2021 058250 3: 04

John H Cobill

OR TRANSPORTATION

PERMIT

| nformation | necessary for th | e Certificate of Death | has been completed for: |
|------------|------------------|------------------------|-------------------------|
| | | | |

| | Decedent Name | THIAGARAJAH , JAYANTI | HY | | | | | | | |
|-------|--|--------------------------------------|---------------------------------------|---|---------------------------------------|--|--|--|--|--|
| | Place of Death 140 MAIN STREET, SOUTHBOROUGH, MA | | | | | | | | | |
| ı | Date of Death | DECEMBER 03, 2021 | Date of Birth | MARCH 08, 1948 | Sex FEMALE | | | | | |
| DEN | Residence 14 MAYFLOWER ROAD, FRAMINGHAM, MASS ACHUS ETTS 01701 | | | | | | | | | |
| DECEI | If U.S. veteran, s | pecify war/conflict(s) (most recent) | | | | | | | | |
| | Branch of milita | ry (most recent) | Rank/organization/outfit(most recent) | | | | | | | |
| | Date entered(mo | ost recent) L | Date Discharged (most recent) | Service Number(mos | trecent) | | | | | |
| ~ | Certifier ASHR | AF ELKERM, MD | | Lic # 81917 | | | | | | |
| FIE | Addr: 370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453 | | | | | | | | | |
| CERTI | Immediate Cause AMYOTROPI | e of Death HIC LATERAL SCLEROSIS | | *************************************** | | | | | | |
| TI | nis permit autho | orizes the following Funeral Servi | ce Licensee or Designee to 1 | remove, dispose or transpo | rt remains as listed below: | | | | | |
| z. | Funeral License | el Designee ALEXANDER I. ACHI | ER | Lic # 51090 | | | | | | |
| T10 | Facility. TIGHE-HAMILTON FUNERAL HOME, INC., HUDSON, MASS ACHUSETTS | | | | | | | | | |
| S | Disposition Type | CREMATION | | Date of Disposition D | Date of Disposition DECEMBER 09, 2021 | | | | | |
| DISPO | Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | | | | | | | | |
| En | dorsements | | | | | | | | | |
| | Registry of Vita | l Records and Statistics | Board of Health/Agent for | : SOUTHBOROUGH | | | | | | |
| MIT | State Tracking # | 058250 | Local Permit # E-PERM | IT | | | | | | |

| | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | | | |
|-------|--|----------|---|--------------------|--|--|
| M | State Tracking # | 058250 | | Local Permit# | E-PERMIT | |
| PER | Date | DECEMBER | 08, 2021 | Date | | |
| | | | | Name of Agent | | |
| Z | I hereby certify that the remains were disposed of in ac | | | ccordance with its | terms at the place and date below: | |
| 110 | Place of Disposition (Facility Name and Address) | | | | Signature | |
| FIRMA | Rural Cemetery 180 Grove Street Worcester, MA 0 | | | 1605 | x John 74. Colill | |
| O | | | | | Name of Superintendent or Authorized Designee: | |

Acceptance of Permit

Cremation

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DEC 0 9 2021

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RECEIVED SOUTHBOROUGH TOWN CLERK

| 111 | | Commonwealth of Massachusetts | | | | | | | |
|-------------|--|---|--|--|--|--|--|--|--|
| | DIS. | gistry of Vital Records and Statistics SPOSITION, REMOVAL R TRANSPORTATION | | | | | | | |
| 1 | | PERMIT | | | | | | | |
| 1 | rm R-309 07012014 | | | | | | | | |
| In | formation necessary for the Certificate of Death h | has been completed for: | | | | | | | |
| | Decedent Name MURPHY, CAROL H | | | | | | | | |
| | Place of Death 42 WILLIAM ONTHANK LAN | NE, SOUTHBOROUGH, MA | | | | | | | |
| 5 | Date of Death AUGUST 10 2021 | Date of Birth SEPTEMBER 15, 1930 Sex FEMALE | | | | | | | |
| 200 | Residence 42 WILLIAM ONTHANK LAN | NE, SOUTHBOROUGH, MASSACHUS ETTS 01772 | | | | | | | |
| DECEDENT | If U.S. veteran, specifywar/conflict(s) (mostrecent) NO | | | | | | | | |
| - | Branch of military (most recent) | Rank/organization/outfit(mostrecent) | | | | | | | |
| | | Date Discharged (most recent) Service Number (most recent) | | | | | | | |
| ~ | Certifier CHARLESROSENBAUM,MD | Lic # 36848 | | | | | | | |
| FIE | i - | Addr. 120 THOMAS STREET, WORCESTER, MASSACHUSETTS 01608 | | | | | | | |
| CERTIFIER | Immediate Cause of Death PROTEIN-CALORIEMALNUTRITION | , | | | | | | | |
| T | | ice Licensee or Designee to remove, dispose or transport remains as listed below: | | | | | | | |
| z | Funeral Licensee/ Designee DOUGLAS L TERSONI Lic # 50904 | | | | | | | | |
| TIO | Facility. NORTON FUNERAL HOME, INC., FR | RAMINGHAM, MASSACHUSETTS | | | | | | | |
| DISPOSITION | Disposition Type CREMATION | Date of Disposition AUGUST25,2021 | | | | | | | |
| SP | Place/Address NEWTON CEMETERY CREMATORY 701 W | | | | | | | | |
| a | HEW TON CEMETERY CREMATORY, 191 W. | WALNUT STREET, NEWTON, MASSACHUSETTS 02459 | | | | | | | |
| En | dorsements | | | | | | | | |
| | Registry of Vital Records and Statistics | Board of Health'Agent for: SOUTHBOROUGH | | | | | | | |
| PERMIT | State Tracking # 039845 | Local Permit # E-PERMIT | | | | | | | |
| E R | Date AUGUST 25, 2021 | Date | | | | | | | |
| ۱ ٔ | • " | Name of Agent | | | | | | | |
| ž | I bereby certify that the remains were disposed of in ac | | | | | | | | |
| ATION | Place of Disposition (Facility Name and Address) | Signature | | | | | | | |
| Σ | Newton Crent | <i>itory</i> | | | | | | | |
| 2 E | Newton, MA | / x | | | | | | | |
| ٥ | Date of Disposition | | | | | | | | |
| | (renation X) | 201, | | | | | | | |

Acceptance of Permit

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| NED AT 14 |
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| Alling meney |
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RECEIVED SOUTHEOROUGH TOWN CLERK

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Form R-309 07012014

Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

PERMIT

State File#

2021 017245

| Inf | ormation neces | sary for the Certificate of Death ha | as been complete | d for: | | | | | | |
|-------------|--|--|-------------------------------|-----------------|---|--|--|--|--|--|
| | Decedent Name | Decedent Name HUBLEY, LINDA CATHLEEN | | | | | | | | |
| | Place of Death 210 SOUTHVILLE ROAD, SOUTHBOROUGH, MA | | | | | | | | | |
| 1 | Date of Death | APRIL 01, 2021 | Da | te of Birth | OCTOBER 29, 1952 Sex FEMALE | | | | | |
| DEN | Residence | Residence 210 SOUTHVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | | | | | |
| Nadaoad | If U.S. veteran, sp NO | pecify war/conflict(s) (most recent) | | | | | | | | |
| | Branch of militar | ry (most recent) | R | ank/organi - | nization/outfit(most recent) | | | | | |
| | Date entered(mo | st recent) Do | Date Discharged (most recent) | | Service Number(most recent) — | | | | | |
| ~ | Certifier ASHR | AF ELKERM, MD | | | Lic # 81917 | | | | | |
| FIE | Addr. 370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453 | | | | | | | | | |
| CERTIFIER | Immediate Cause MALIGNANT | of Death NEOPLASM OF THE BRAIN | | | | | | | | |
| Ti | nis permit autho | rizes the following Funeral Servic | e Licensee or De | signee to r | remove, dispose or transport remains as listed below: | | | | | |
| z | Funeral Licensee Designee NANCY G MORRIS | | | | Lic # 50277 | | | | | |
| 013 | Facility. MORI | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | | | | | | | |
| SIT | Disposition Type | CREMATION | | | Date of Disposition APRIL 07, 2021 | | | | | |
| DISPOSITION | Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | | | | | | | | |
| En | dorsements | | | | | | | | | |
| _ | Registry of Vita | Records and Statistics | Board of Health | /Agent for: | : SOUTHBOROUGH | | | | | |
| PERMIT | State Tracking # | 017245 | Local Permit# | E-PERM | UT | | | | | |
| PER | Date | APRIL 04, 2021 | Date | - | | | | | | |
| | | | Name of Agent | | | | | | | |
| N | | that the remains were disposed of in a | ccordance with its | terms at th | ne place and date below: | | | | | |
| TION | | ion (Facility Name and Address) | | Signatur | re ' | | | | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

Date of Disposition

Χ

Name of Superintendent or Author

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

RECEIVED SOUTHBOROUGH TOWN CLERK

Form R-309 07012014



Commonwealth of Massachusetts 404 SEP 2 Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

PERMIT

State File#

2021 044086

Information necessary for the Certificate of Death has been completed for:

Decedent Name HOUSTON, RICHARD

Place of Death 16 VALLEY ROAD, SOUTHBOROUGH, MA

Date of Death **SEPTEMBER 17, 2021** Date of Birth MAY 01, 1935

MALE

16 VALLEY ROAD, SOUTHBOROUGH, MASSACHUSEITS 01772 If U.S. veteran, specify war/conflict(s) (most recent)

NO

Branch of military (most recent)

Rank/organization/outfit(most recent)

Date entered (most recent)

Date Discharged (most recent)

Service Number(most recent)

Certifier DOUGLAS GRONDA, MD

Lic# 214551

Addr. 429 WASHINGTON STREET, HOLLISTON, MASSACHUSETTS 01746 Immediate Cause of Death

MYOCARDIAL INFARCTION

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

Funeral Licensee' Designee NANCY G MORRIS

Lic # 50277

Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS

Disposition Type CREMATION

Date of Disposition SEPTEMBER 21, 2021

Place/Address

RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605

Endorsements

Board of Health/Agent for: SOUTHBOROUGH Registry of Vital Records and Statistics E-PERMIT 044086 Local Permit# State Tracking # **SEPTEMBER 29, 2021** Date Name of Agent

I be reby certify that the remains were disposed of in accordance with its terms at the place and date below:

Place of Disposition (Facility Name and Address)

Cremano.

Rural Cemetery 180 Grove Street Worcester, MA 01606

Signature

hn H. Cohile

Disposition Type

CONF

Date of Disposition SEP 2

Name of Superintendent or Authorized Designee: John H Cobill

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a pennit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

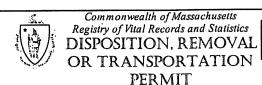
2 2021

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



0000508904

Form R-309 07012014



RECEIVED SQUTHBUROUGH TOWN2614591602

7071 CED 211 A 9: 46

Information necessary for the Certificate of Death has been completed for:

| | Decedent Name GATHOGO, LEAH WANGECHI | | | | | | | | | |
|--------|--|---|-----------------------|-------------|---|-------------|------------------------------|------------|------------------|--|
| | Place of Death | th SUDBURY RESERVOIR, SOUTHBOROUGH, MA | | | | | | | | |
| _ | Date of Death | NOVEMBER 0 | 9, 2020 | | Dat | e of Birth | MARCH 09, 1974 | Sex | FEMALE | |
| DEN | Residence | 54 LEIGH STR | REET, FR | AMING | IAM, MASSAC | HUSETT | S 01701 | | | |
| CE | | pecify war/conflict(. | s) (most rec | ent) | | | | | | |
| DE | NO Branch of militar | v (most recent) | | | R | ank/organi | zation/outfit(most recent) | | | |
| | | , (| | | · | - | • . | | | |
| | Date entered (mo | st recent) | | Da | te Discharged (mo | st recent) | Service Number(mos | st recent) | | |
| | Certifier ROBE | RT M. WELTO | N, MD | | · · · · · · · · · · · · · · · · · · · | | Lic # 256257 | | | |
| IFIER | • | ANY STREET, | | N, MASS | ACHUSETTS 02 | 2118 | | | | |
| RT | Immediate Cause | of Death | | | | | | | | |
| CEF | PENDING | | | | | | | | | |
| Th | is nermit autho | rizes the followi | ng Funer: | al Service | Licensee or Des | ignee to r | emove, dispose or transpo | rt remains | as listed below: | |
| | | | | | | - | | Lic # 6664 | | |
| z | Funeral Licensee/Designee JOHN A. MATARESE, JR Facility. MATARESE FUNERAL HOME AND CREMATION SERVICE, INC., AS HLAND, MASS ACHUS ETTS | | | | | | | | | |
| SITIO | | | | | | | | | | |
| SO | Disposition Type Place/Address | Disposition Type CREMATION Date of Disposition NOVEMBER 16, 2020 | | | | | | | | |
| DISPO | RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | | | | | | | | |
| _ | | | | | | | | | | |
| En | dorsements | | | | <u></u> | | | | | |
| | Registry of Vita | l Records and Stat | tistics | | Board of Health/Agent for: SOUTHBOROUGH | | | | | |
| PERMIT | State Tracking # | 059002 | | | Local Permit# | E-PERM | IT | | | |
| ER | Date | NOVEMBER | 16, 2020 | , | Date | | | | | |
| - | | | | | Name of Agent | | | | | |
| z | I hereby certify | that the remains v | vere dispos | ed of in ac | cordance with its | terms at th | e place and date below: | | | |
| ATION | Place of Disposit | tion (Facility Name | | | | Signatur | re | | | |
| Z | | EDGELL GR | OVE CEMET GROVE ST | TERM | | | | | | |
| ONFIRM | | | HAM, MA 0170 | 1 | x Vot | | | | | |
| N O | Disposition Type | | | isposition | | Name of | Superintendent or Authorized | Designee: | | |
| ١ | Cremiti | ٠. | | 18/9: | ado Rob Ford | | | | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

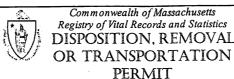
A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

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RECEIVED SOUTHBOROUGH TOWN CLERK



0000566900



| | 2021 CED T | | 1: hR | |
|---|--------------|---|-------------|--|
| | State File# | 1 | 2021 032702 | |
| | Diane I ne n | | | |
| _ | | | | |

Form R-309 07012014 Information necessary for the Certificate of Death has been completed for: Decedent Name MARGARITIS , CHARLES 30 E MAIN STREET, SOUTHBOROUGH, MA Place of Death Date of Birth NOVEMBER 01, 1940 MALE Sex Date of Death JULY 07, 2021 9 SUMMER STREET, KENNEBUNK, MAINE 04043 Residence If U.S. veteran, specify war/conflict(s) (most recent) Rank/organization/outfit(most recent) Branch of military (most recent) Service Number(most recent) Date Discharged (most recent) Date entered (most recent) Certifier WILLIAM MAHER, MD Lic # 78946 Addr. 2000 WASHINGTON STREET, 546, NEWTON, MASS ACHUSETTS 02462 Immediate Cause of Death METASTATIC LUNG CANCER This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 50881 Funeral Licensee/Designee PHILLIP R. SHORT Facility. SHORT & ROWE FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS Date of Disposition JULY 13, 2021 Disposition Type CREMATION Place/Address ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603 Endorsements Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH 032702 E-PERMIT State Tracking # Local Permit# JULY 12, 2021 Date Date Name of Agent I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: Place of Disposition (Facility Name and Address) Signature RINK Comerax 11 CinsAVILLE RE SWINKER SED. 7, COT 82-A Name of Superin Date of Disposition

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents—will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

Page: 1 of 5 2021-08-25 11:18:32 GMT

15083427374

From: Norton Funeral Home

RECEIVED SOUTHBORDUGH TOWN CLERK



State File #2021 SEP -2321 949845: 15

| Inf | ormation necessary for the Certificate of Death | has been completed for: | | | | | | |
|----------|---|---------------------------------|--|--|--|--|--|--|
| | Decedent Name MURPHY, CAROL H | | | | | | | |
| | Place of Death 42 WILLIAM ONTHANK LANE, SOUTHBOROUGH, MA | | | | | | | |
| - | Date of Death AUGUST 19,2021 | Date of Birth | SEPTEMBER15,1930 Sex FEMALE | | | | | |
| DEN | Residence 42 WILLIAM ONTHANK LANE, SOUTHBOROUGH, MASSACHUS ETTS 01772 | | | | | | | |
| яся | JU.S. veteran, specifywar/conflict(s) (mostrecent) NO | | | | | | | |
| a | Branch of military (most recent) | Rank/organiz | ation/oulfit(mostrecent) | | | | | |
| | Date entered(most recent) | Date Discharged (most recent) | Service Number(most recent) | | | | | |
| ~ | Certifier CHARLESROSENBAUM,MD Lic # 36848 | | | | | | | |
| | Addr. 120 THOMAS STREET, WORCESTER, MASSACHUSETTS 01608 | | | | | | | |
| CERTIFIE | Immediate Cause of Death PROTEIN-CALORIEMALNUTRITION | - | | | | | | |
| T | nis permit authorizes the following Funeral Serv | vice Licensee or Designee to re | emove, dispose or transport remains as listed below: | | | | | |
| | Funeral Licensee/ Designee DOUGLAS L TERSO | ONI | Lic # 50904 | | | | | |
| TION | Facility. NORTON FUNERAL HOME, INC., FRAMINGHAM, MASSACHUS ETTS | | | | | | | |
| 50 | Disposition Type CREMATION | · | Date of Disposition AUGUST25,2021 | | | | | |
| DISPO | Place/Address NEWTON CEMETERY CREMATORY, 791 WALNUT STREET, NEWTON, MASSACHUSETTS 02459 | | | | | | | |
| Er | idorsements | | | | | | | |
| | Registry of Vital Records and Statistics | Board of Health/Agent for: | SOUTEROROUGH | | | | | |
| TIM | State Tracking # 039845 | Local Permit # E-PERMI | Т | | | | | |

| | Registry of Vital Records and Statistics | | Beard of Health/Agent for: SOUTHROROUGH | | |
|-----|--|---------------|---|-------------------|--|
| M | State Tracking # 0 | 39845 | | Local Permit# | E-PERMIT |
| ER | Date A | AUGUST 25, | 2021 | Date | |
| - | | | | Name of Agent | |
| z | I hereby certify that | the remains w | ere disposed of in ac | cordance with its | terms at the place and date below: |
| 110 | Place of Disposition (| Facility Name | and Address) | 1 - | Signature |
| X X | · • | | rort | x Maylun Sinas | |
| FIR | E Newton, MA | | / | X | |
| O | Disposition Type | | Date of Disposition | | Name of Superintenden Authorized Designee: |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





RECEIVED Commonwealth of Massachusetts SOUTHBEROUGH TOWN CLERK

Registry of Vital Records and Statistics DISPOSITION, REMOVALIDI AUG 23 OR TRANSPORTATION

1: 45

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

Decedent Name MARGARITIS , CHARLES

30 E MAIN STREET, SOUTHBOROUGH, MA Place of Death

Date of Death JULY 07, 2021 DECEDENT

Date of Birth NOVEMBER 01, 1940

MALE

9 SUMMER STREET, KENNEBUNK, MAINE 04043 Residence

If U.S. veteran, specify war/conflict(s) (most recent) NO

Branch of military (most recent)

Rank/organization/outfit(most recent)

Date entered (most recent)

Date Discharged (most recent)

Service Number(most recent)

Certifier WILLIAM MAHER, MD

Lic # 78946

Addr. 2000 WASHINGTON STREET, 546, NEWTON, MASSACHUSETTS 02462

Immediate Cause of Death

METASTATIC LUNG CANCER

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

Funeral Licensee/Designee PHILLIP R. SHORT

Lic # 50881

Facility. SHORT & ROWE FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS

Disposition Type CREMATION

Date of Disposition JULY 13, 2021

Place/Address

ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603

Endorsements

CONFIRMATIO

| | Registry of Vital Records and Statistics | | Board of Healtl | Board of Health/Agent for: SOUTHBOROUGH | | |
|-----|--|-------------------------------|---------------------------|---|--|--|
| M | State Tracking # | 032702 | Local Permit# | E-PERMIT | | |
| PER | Date | JULY 12, 2021 | Date | | | |
| - | | | Name of Agent | | | |
| | I haraby cortify th | not the remains were disposed | of in accordance with its | terms at the place and date he low- | | |

Place of Disposition (Facility Name and Address) Signature

All Faiths Crematory Worceste

Name of Superinte

Designee:

Cremation

7/13/2021

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION **PERMIT**

State File #

2021 034184

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

| | | JONES , JO | | DOLICH MA | | | | | |
|-------------|--|--------------------|--|--------------------|---------------------------------------|-----------------------------|-------------------|------------------|--|
| | • | | AD, SOUTHBO | | | 75.77.00 1000 | _ | | |
| L | Date of Death | JULY 18, 2021 | | | | MAY 03, 1933 | Sex | MALE | |
| DECEDENT | Residence | | AD, SOUTHBO | ROUGH, MASS | ACHUSEI | FTS 01772 | | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) | | | _ | Rank/organization/outfit(most recent) | | | | |
| | Date entered(mo | st recent) | D_{i} | ate Discharged (m | ost recent) | Service Number(mo | ost recent) | | |
| E R | ŭ | N M. KONTER, | | | | Lic # 228055 | | | |
| IFI | | | FRAMINGHAM | , MASSACHUS | EITS 017 | /02 | | | |
| CERTIFIE | Immediate Cause ACUTE FLAII | | ITAL LUNG DIS | EASE | | | | | |
| Th | is permit autho | rizes the followi | ng Funeral Servic | e Licensee or De | signee to r | emove, dispose or transp | ort remains | as listed below: | |
| DISPOSITION | Funeral Licensee' Designee JEFF T. KOOPMAN Lic # 6468 Facility. HAYS FUNERAL HOME, INC., NORTHBOROUGH, MASS ACHUS ETTS Disposition Type BURIAL Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASS ACHUS ETTS 01772 | | | | | | | | |
| En | dorsements | | | | | | | | |
| ı | Registry of Vita | l Records and Stat | tistics | Board of Healt | h/Agent for: | SOUTHBOROUGH | | | |
| PERMIT | State Tracking # | 034184 | | Local Permit# | E-PERM | IT | | | |
| ER | Date | JULY 20, 202 | 21 | Date | | | | | |
| _ | | | | Name of Agent | | | | | |
| N | I hereby certify | that the remains v | vere disposed of in a | ccordance with its | terms at th | e place and date below: | | | |
| ONFIRMATION | | CN1# 119 | and Address) Kénness, III. Date of Disposition | | Signatur X Name of | Superinjendeht or Althorize | MI d Designee: | | |
| C | FILL WARD | // | VIIV 22 | | | · / / / | 11/24/1 | // | |

Acceptance of Permit

Permits printed with the designation "E-PERM IT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERM IT" designation must contain a local permit number and date prior to

by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Form R-309 07012014

Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

SOUTHPO State File #

2021 029420

Information necessary for the Certificate of Death has been completed for:

AHUJA, OM PARKASH Decedent Name

8 STOCKWELL LANE, SOUTHBOROUGH, MA Place of Death

Date of Birth OCTOBER 12, 1941 Date of Death **JUNE 17, 2021**

61-B DDA FLATS (MIG) RAJOURI GARDEN, DELHI, INDIA 110027

Rank/organization/outfit(most recent)

MALE Sex

If U.S. veteran, specify war/conflict(s) (most recent)

NO

Residence

Branch of military (most recent)

Service Number(most recent)

Date entered (most recent)

Date Discharged (most recent)

Lic # 56855

Certifier ROBERT I. COHEN, MD

Addr. 10 LAUREL STREET, NEWTON, MASS ACHUS ETTS 02459

Immediate Cause of Death

PANCREATIC CANCER

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

Funeral Licensee/Designee WILLIAM L. LAWLER

Facility. LAWLER & CROSBY FUNERAL HOME, BOSTON, MASSACHUS ETTS

Disposition Type CREMATION

Date of Disposition JUNE 19, 2021

Lic # 6262

SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131

Endorsements

Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH E-PERMIT 029420 Local Permit# State Tracking # Date **JUNE 18, 2021** Date Name of Agent

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

Place of Disposition (Facility Name and Address)

St. Michael Crematory 500 Canterbury Street

Boston, MA 02131

Date of Disposition

Nameo

uperintendent or Authorized Designee Michael D. Sheehan, G.M.

CONFIRMATIO Disposition Type

Cremation

Acceptance of Permit

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Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

State File #

2021 019816

| | m R-309 07012014 | | | PERMIT | Γ | | | |
|--------------|--|---|---------------------|--|--------------|--|------------|------------------|
| Inf | ormation necess | ary for the Cert | ificate of Death 1 | has been completed | d for: | | | |
| | Decedent Name | STAMPER, | WALTON B | ENNETT | | | | |
| | Place of Death | 68 CHARLES | COURT, SOUT | HBOROUGH, MA | L | | | |
| - | Date of Death | APRIL 19, 202 | 1 | Dat | te of Birth | JANUARY 03, 1936 | Sex | MALE |
| ENT | Residence | 68 CHARLES | COURT, SOUT | HBOROUGH, MA | SSACHU | SETTS 01772 | | |
| ECED | VIETNAM | pecify war/conflict(| (s) (most recent) | | | | | |
| Q | Branch of militar | | | L | TC, O-5 | zation/outfit(most recent) | | |
| | Date entered (mos | | | Date Discharged (mo OCTOBER 31,1978 | | Service Number(most 241461887 | 'recent) | |
| ER | Certifier JENNI | FER H. LEE, N | /ID | | | Lic # 215914 | | |
| FIE | | | et, suite 530, f | BOSTON, MASSA | ACHUS ET | TS 02467 | | |
| CERTIFI | Immediate Cause SQUAMOUS (| | OMA, METAST | ATIC | | | | |
| Th | is permit autho | rizes the followi | ing Funeral Servi | ice Licensee or Des | signee to r | emove, dispose or transpo | rt remains | as listed below: |
| Z O | | Funeral Licensee/ Designee JOHN A. MATARES E, JR Lic # 6664 | | | | | | |
| POSITIO | | Facility. MATARESE FUNERAL HOME AND CREMATION SERVICE, INC., AS HLAND, MASS ACHUSETTS Disposition Type CREMATION Date of Disposition APRIL 21, 2021 | | | | | | |
| DISPO | RURAL CEMP | RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | | | | | |
| En | ndorsements | | | | | | | |
| _ | Registry of Vital | Records and Sta | tistics | Board of Health | /Agent for: | SOUTHBOROUGH | | |
| T I M | State Tracking # | 019816 | | Local Permit# | E-PERM | IT | | |
| PER | Date | APRIL 20, 20 | 021 | Date | | | | |
| | | | | Name of Agent | | | | |
| z. | I hereby certify | that the remains v | were disposed of in | accordance with its | terms at the | e place and date below: | | |
| CONFIRMATION | Place of Disposition (Facility Name and Address) Rural Cemetery 180 Grove Street Worcester, MA 01600 | | | | Signatur | John H. C. | | |
| CO | Disposition Type Cremat | tion | Date of Disposition | 1 2021 | Name of | Superintendent or Authorized L Tohn H Cobil | Designee: | |

Acceptance of Permit

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Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

| State File # | 2021 | 01724 |
|--------------|------|---------|
| Diane 1 mo n | | · · · · |

| Fort | n R-309 07012014 | | | PERMI | 1 | | | |
|---------|---|--|-----------------------------|---------------------|---------------------------------------|--------------------------------|------------------|------------------|
| Inf | ormation neces | sary for the Cert | ificate of Death h | as been complete | d for: | | | |
| | Decedent Name | HUBLEY , | LINDA CATH | LEEN | | | | |
| | Place of Death | 210 SOUTHVI | LLE ROAD, SO | UTHBOROUGH | , MA | | | |
| Т | Date of Death | APRIL 01, 202 | 1 | Da | te of Birth | OCTOBER 29, 1952 | Sex | FEMALE |
| DENT | Residence | 210 SOUTHVI | LLE ROAD, SO | UTHBOROUGH | MASSAC | CHUSETTS 01772 | | |
| DECED | If U.S. veteran, specify war/conflict(s) (most recent) | | | | | | | |
| | NO Branch of militar | y (most recent) | | <i>I</i> - | Rank/organization/outfit(most recent) | | | |
| | Date entered (mo | st recent) | | Date Discharged (mo | ost recent) | Service Number(most | recent) | |
| R | Certifier ASHR | AF ELKERM, | MD | | | Lic # 81917 | | |
| RTIFIE | | | OMINSTER, MA | ASSACHUSETTS | 6 01453 | | | |
| CERT | Immediate Cause MALIGNANT | of Death NEOPLASM C | F THE BRAIN | | | | | |
| Tì | nis permit autho | rizes the follow | ng Funeral Servi | ce Licensee or De | signee to r | emove, dispose or transpo | | as listed below: |
| z | Funeral Licensee | Designee NAN | CYG MORRIS | | | Li | ic# 50277 | |
| SITIO | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUS ETTS | | | | | | | |
| 180 | Disposition Type | CREMATION | | | | Date of Disposition AP | RIL 07, 20 | 21 |
| DISPO | | Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | | | | | |
| En | dorsements | | | | | | | |
| Ŀ | Registry of Vita | Records and Sta | tistics | Board of Health | /Agent for: | SOUTHBOROUGH | | |
| ERMIT | State Tracking # | 017245 | | Local Permit# | E-PERM | IT | | |
| PER | Date | APRIL 04, 2 | 021 | Date | | | | |
| | | | | Name of Agent | | | | |
| z | I hereby certify | that the remains v | vere disposed of in | accordance with its | terms at th | e place and date below: | | |
| ATION | Place of Disposit | ion (Facility Name | and Address) | | Signatur | | | |
| ONFIRMA | | Rural Ceme 180 Grove: Worcester, | elery Street MA D1605 | | X | John H. C | ohill | |
| CON | Disposition Type | | Date of Disposition | | Name of | Superintendent or Authorized 1 |)esignee: | |
| - | Cre | mation | APR 0 8 | 2U21 | | John H Cobill | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

John H Cobill

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

Date of Birth AUGUST 30, 1965

Lic # 77651







Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

2021 016076

Sex

Lic # 6170

Date of Disposition MARCH26,2021

FEMALE

Information necessary for the Certificate of Death has been completed for:

MCDONALD, SHANNON H

9 HICKORY ROAD, SOUTHBOROUGH, MA Place of Death

Date of Death MARCH 26, 2021

Residence

9HICKORY ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772

If U.S. veteran, specify war/conflict(s) (mostrecent)

NO

Branch of military (most recent) Rank/organization/outfit(mostrecent)

Date Discharged (most recent) Date entered(most recent) Service Number (most recent)

Certifier DEBORAHSCHRAG,MD

Addr. 450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215

Immediate Cause of Death **APPENDICEALCANCER**

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

Funeral Licensee/ Designee DAVID A PICKERING

Facility. WESTBORO FUNERAL HOME, INC, WESTBOROUGH, MASSACHUSETTS

Disposition Type CREMATION

RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605

Endorsements

Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH State Tracking # 016076 Local Permit # E-PERMIT MARCH 26, 2021 Date Date Name of Agent

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

CONFIRMATION Place of Disposition (Facility Name and Address) Signature ohn H. Cohile Rural Cemetery 180 Grove Street Worcester, MA 01605 X

Disposition Type Date of Disposition Name of Superintendent or Authorized Designee:

Iohn H Gobill Cremation MAR

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION **PERMIT**

State File#

2021 015100

Form R-309 07012014

| Inf | ormation necessary for the Certificate of Death l | nas been completed | d for: | | | | | |
|--------------|--|--------------------------|--|---------------------------|------------|------------------|--|--|
| | Decedent Name URBAN, JAMES K | | | | | | | |
| | Place of Death 14 LEONARD DRIVE, SOUTHBOROUGH, MA | | | | | | | |
| 1 | Date of Death MARCH 21, 2021 | Dat | e of Birth A | PRIL 18, 1942 | Sex | MALE | | |
| EN | Residence 14 LEONARD DRIVE, SOUTHBOROUGH, MASS ACHUS ETTS 01772 | | | | | | | |
| ECEDENT | If U.S. veteran, specify war/conflict(s) (most recent) VIETNAM | | | | | | | |
| Q | Branch of military (most recent) ARMY | R. | Rank/organization/outfit(most recent) —- | | | | | |
| | Date entered(most recent) | Date Discharged (mos | st recent) | Service Number(mos | st recent) | | | |
| ~ | Certifier FRANK CHAU, MD | | | Lic # 203693 | | | | |
| FIE | Addr. 24 NEWTON STREET, SOUTHBOROU | GH, MASSACHU | SETTS 0177 | 72 | | | | |
| CERTIFIE | Immediate Cause of Death CONGESTIVE HEART FAILURE | | | | | | | |
| Th | is permit authorizes the following Funeral Servi | ce Licensee or Des | ignee to rem | - | | as listed below: | | |
| z | Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277 | | | | | | | |
| 10 | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | | | | | | |
| SI | Disposition Type CREMATION Date of Disposition MARCH 24, 2021 | | | | | | | |
| DISPOSITION | Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | | | | | | |
| En | dorsements | | | | | , | | |
| | Registry of Vital Records and Statistics | Board of Health/ | Agent for: SC | OUTHBOROUGH | | | | |
| PERMIT | State Tracking # 015100 | Local Permit# | E-PERMIT | | | | | |
| PER | Date MARCH 22, 2021 | Date | | | | | | |
| | | Name of Agent | | | | | | |
| z | I hereby certify that the remains were disposed of in | accordance with its t | erms at the pl | ace and date below: | | | | |
| ī | Place of Disposition (Facility Name and Address) | | Signature | -) a a | | | | |
| M | WORK CENTERS SOMBORDEH, AN | 4 | , | 11/11/ | 1 | | | |
| FI | SECT, WIHA, GRVALAB | | X | V CANO | Cana | | | |
| CONFIRMATION | Disposition Type Land Date of Disposition | n | NameofSup | ezintendent or Authorized | Besignee: | , | | |
| <u> </u> | SF CUENTIED RESONDS MIMICH | 25, 2021 | Si | West of | juet. | <i>iel</i> | | |
| | • | • | | | | / | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERM IT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



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Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION

PERMIT

State File # 202

2021 015100

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

| ı | Decedent Name | URBAN , JAMES K | | | | |
|------------|--|--|--|--|--|--|
| Ŧ | Place of Death | 14 LEONARD DRIVE, SOU | THBOROUGH, MA | | | |
| | Date of Death | MARCH 21, 2021 | Date of Birth A | PRIL 18, 1942 Sex MALE | | |
| ECEDENT | Residence | | THBOROUGH, MASSACHUSE | TTS 01772 | | |
| CE | If U.S. veteran, sp VIETNAM | pecify war/conflict(s) (most recent) | | | | |
| DE | Branch of militar ARMY | ry (most recent) | Rank/organizati — | on/outfit(most recent) | | |
| | Date entered(mo | st recent) | Date Discharged (most recent) | Service Number(most recent) | | |
| R | Certifier FRAN | K CHAU, MD | | Lic # 203693 | | |
| IFIER | Addr. 24 NEWTON STREET, SOUTHBOROUGH, MASS ACHUSETTS 01772 | | | | | |
| CERTI | Immediate Cause CONGESTIVI | e of Death E HEART FAILURE | | | | |
| Th | is permit autho | rizes the following Funeral Se | rvice Licensee or Designee to rem | ove, dispose or transport remains as listed below: | | |
| z | Funeral Licensee | d/Designee NANCY G MORRIS | 3 | Lic # 50277 | | |
| | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | | | | |
|] | | | | Date of Disposition MARCH 24, 2021 | | |
| SITIC | Disposition Type | CREMATION | | Bute of Disposition Wirelecti 24, 2021 | | |
| OITISOASIG | Place/Address | | GROVE STREET, WORCESTE | , | | |
| | Place/Address | | GROVE STREET, WORCESTE | , | | |
| En | Place/Address RURAL CEMI dorsements | | GROVE STREET, WORCESTE Board of Health/Agent for: SO | R, MASSACHUSETTS 01605 | | |
| En | Place/Address RURAL CEMI dorsements | ETERY (CREMATORY), 180 | | R, MASSACHUSETTS 01605 | | |
| | Place/Address RURAL CEMI dorsements Registry of Vita | ETERY (CREMATORY), 180 | Board of Health/Agent for: SC | R, MASSACHUSETTS 01605 | | |
| ERMIT 3 | Place/Address RURAL CEMI dorsements Registry of Vita State Tracking # | ETERY (CREMATORY), 180 Records and Statistics 015100 | Board of Health/Agent for: SO Local Permit# E-PERMIT | R, MASSACHUSETTS 01605 | | |
| ERMIT 3 | Place/Address RURAL CEMI dorsements Registry of Vita State Tracking # Date | ETERY (CREMATORY), 180 I Records and Statistics 015100 MARCH 22, 2021 | Board of Health/Agent for: SC Local Permit # E-PERMIT Date — | R, MASSACHUSETTS 01605 | | |

Acceptance of Permit

Disposition Type

Cremation

CONFIRMA

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

2021

Date of Disposition

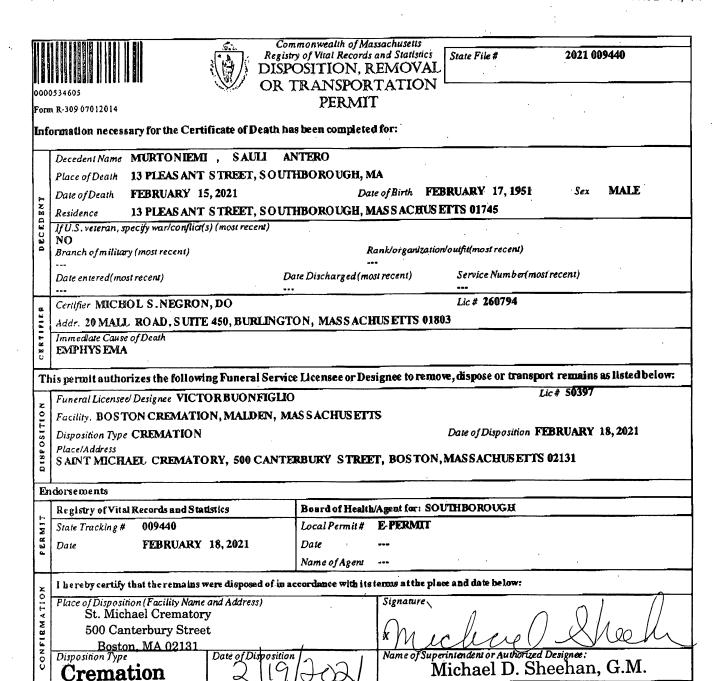
MAR 2 3

X

Name of Superintendent or Authorized Designee:

John H Cobill

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION REMOVAL

State File #

2021 005087

| | EN 1 NO 1 DE 11 DE 1 | COLLICIN, I | OD A DOT ON I | | | | |
|------------|--|---------------------------------------|--------------------|-----------------------------------|---|--|--|
| 000 | 0528512 OR | TRANSPOR | | OCME CASE # 2021-1441 | | | |
| For | m R-309 07012014 | PERMI | 1 | | | | |
| Inf | ormation necessary for the Certificate of Death ha | as been complete | d for: | | | | |
| Г | Decedent Name WARD , JOHN JAMES | | | | | | |
| | Place of Death 2 LEONARD DRIVE, SOUTHB | OROUGH, MA | | | | | |
| <u>-</u> | Date of Death JANUARY 25, 2021 | Da | te of Birth APR | Sex Sex | MALE | | |
| EN | Residence 2 LEONARD DRIVE, SOUTHBOROUGH, MASS ACHUSETTS 01772 | | | | | | |
| CED | If U.S. veteran, specify war/conflict(s) (most recent) | n - 100 | | | | | |
| DE | NO Branch of military (most recent) | Rank/organization/outfit(most recent) | | | | | |
| | Date entered(most recent) De- | ate Discharged (mo - | ost recent) | Service Number(most recent) | | | |
| ~ | Certifier IRINI A. SCORDI-BELLO, MD | | | Lic # 269344 | | | |
| FIE | Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118 | | | | | | |
| CERTIFIER | Immediate Cause of Death HANGING | | | | | | |
| Tì | nis permit authorizes the following Funeral Servic | e Licensee or De | signee to remov | e, dispose or transport remains a | as listed below: | | |
| | Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277 | | | | | | |
| 0 | Facility. MORRIS FUNERAL HOME, SOUTHB | OROUGH, MAS | SACHUSETTS | S | | | |
| SIT | Disposition Type CREMATION Date of Disposition JANUARY 28, 2021 | | | | | | |
| DISPOSITIO | Place/Address | | | | | | |
| D18 | RURAL CEMETERY (CREMATORY), 180 GR | OVE STREET, | WORCES TER, | MASSACHUSETTS 01605 | J | | |
| En | dorsements | | | | | | |
| | Registry of Vital Records and Statistics | Board of Health | /Agent for: SOU | THBOROUGH | *************************************** | | |
| MIT | State Tracking # 005087 | Local Permit# | E-PERMIT | | | | |
| ER | Date JANUARY 28, 2021 | Date | _ | | | | |
| 4 | | Name of Agent | _ | | | | |
| z | I hereby certify that the remains were disposed of in ac | ccordance with its | terms at the place | and date below: | | | |
| ATION | Place of Disposition (Facility Name and Address) | | Signature (| Och 71 C. 140 | | | |
| MA | Rural Cemetery 180 Grove Street Worcester, MA 01605 | | | John H. Cobill | → | | |
| CONFIRM | Worcester, MA 01605 | | X | | | | |
| CON | Disposition Type Date of Disposition | | Name of Superio | ntendent or Authorized Designee: | | | |
| | Cremation JAN 2 | u 2021 | 1 | John H Cobill | | | |

Acceptance of Permit

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Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

PERMIT

State File #

2021 002815

Form R-309 07012014

| Information necessar | y for the Certificate | of Death has been | completed for: |
|----------------------|-----------------------|-------------------|----------------|
|----------------------|-----------------------|-------------------|----------------|

Decedent Name DAKAI . LOUIS

Place of Death 28 OREGON ROAD, SOUTHBOROUGH, MA

Date of Death **JANUARY 16, 2021**

If U.S. veteran, specify war/conflict(s) (most recent)

Date of Birth MARCH 24, 1948

Rank/organization/outfit(most recent)

MALE

Residence

28 OREGON ROAD, SOUTHBOROUGH, MASSACHUS ETTS 01772

VIETNAM

Branch of military (most recent)

NAVY

Date entered (most recent)

Date Discharged (most recent)

Service Number(most recent)

Lic# 213237

Certifier COREY B SALTIN, DO

Addr. 100 HOSPITAL ROAD, LEOMINSTER, MASSACHUSETTS 01453

Immediate Cause of Death

LUNG CARCINOMA

This permit authorizes the following Funeral Service Licenseeor Designee to remove, dispose or transport remains as listed below:

Funeral Licensee/ Designee NANCY G MORRIS

Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASS ACHUS ETTS

Disposition Type CREMATION

Date of Disposition JANUARY 19, 2021

Lic # 50277

Place/Address

RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605

Endorsements

| PERMIT | Registry of Vital Records and Statistics | | Board of Health | Board of Health/Agent for: SOUTHBOROUGH | |
|--------|--|------------------|-----------------|---|--|
| | State Tracking # | 002815 | Local Permit# | E-PERMIT | |
| | Date | JANUARY 18, 2021 | Date | - | |
| | | | Name of Agent | | |
| 7 | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | | |

CONFIRMATIO Place of Disposition (Facility Name and Address) Rural Cemetery 180 Grove Street Worcester, MA 01608

Signature

Χ Date of Disposition

Name of Superintendent or Authorized Designee: **Iohn H** Cobill

ohn H. Colill

<u>Cremation</u>

JAN 2 0 2021

Acceptance of Permit

Disposition Type

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